**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

. Effective October 1, 2000

|   |  | CLAIMS AS                                 |                                     | (Column 1) (Column 2) |                                 |                  | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|-------------------------------------|-----------------------|---------------------------------|------------------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 45                                  |                       |                                 |                  | RATE                | FEE                    | )<br> | RATE                       | FEE                    |
| FOR   |  |   | NUMBER                              | FILED                 | NUMBI                           | ER EXTRA         | BASIC FEE           | 355.00                 | OR    | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 45 minus 20=                        |                       | . 25                            |                  | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                           |                       | * 4                             |                  | X40=                |                        | OR    | X80=                       |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT                              | ×                     |                                 |                  |                     |                        | OR    | +270=                      |                        |
| * If the difference in column 1 is  |  |   | less than zero, enter "0" in column |                       |                                 | olumn 2          | +135=<br>TOTAL      | 1                      | OR    | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                                     |                       |                                 |                  |                     | 1011                   | OTHER | THAN                       |                        |
|   | A STATE OF THE STA | (Column 1)                                | N                                   | (Colu                 |                                 | (Column 3)       | SMALL               |                        | OR    | SMALL                      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 44                                      | Minus                               |                       | 15                              | =                | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|   | Independent  | . 10                                      | Minus                               | ***                   | 7                               | = 3              | X40=                |                        | OR    | .X80=                      | <b>S28</b>             |
| - } 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                     |                       |                                 |                  | +135=               |                        | OR    | +270=                      |                        |
|   | •  |   |                                     | •                     |                                 |                  | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        | Y.                     |
| -2-   |  | (Column 1)                                |                                     | ADDIT. I EE           |                                 | •                |                     |                        |       |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREV           | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                               | **                    |                                 | =                | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|   | Independent  | *   | Minus                               | ***                   |                                 | =                | X40=                |                        | OR    | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                     |                       |                                 |                  | +135=               |                        | OR    | +270=                      |                        |
|   |  |   |                                     |                       | .*                              |                  | TOTAL               |                        | OR    | TOTAL                      |                        |
|   |  | (Column 1)                                |                                     | (Colu                 | ımn 2)                          | (Column 3)       | ADDIT. FEE          | <del></del>            |       | ADDIT. FEE                 | · ·                    |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIG<br>NUM<br>PREV    | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                    |                                 | =                | X\$ 9=              |                        | OR    | X\$18=                     | ï.                     |
|   | Independent  | *   | Minus                               | ***                   |                                 | =                | X40=                |                        | OR    | X80=                       |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                     |                       |                                 |                  | +135=               |                        |       | +270=                      |                        |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                     |                       |                                 |                  | TOTAL               | <b></b>                | OR    | TOTAL                      |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                     |                       |                                 |                  |                     |                        |       |                            |                        |